MICHIGAN SUPPLEMENTAL TOBACCO TAX RETURN

Issued under authority of P.A. 327 of 1993. Filing is mandatory. See penalty provisions below.

Includes Cigarettes and Other Tobacco Products (OTP) To Include "Roll-Your-Own." (If the cigarettes or Roll-Your-Own were purchased from a Non-Participating Manufacturer, please complete Schedule K. form 3669).

Roll-Your-Own were purchased from a Non-Participating Manufacturer, please complete Schedule K, form 3669).							
Name of Licensee ▶FE, ME or TR Number						umber	
Address (No., Street, City, State, ZIP) Month and Yi					► Month and Year	ear of Return Being Corrected	
NO puro	TE : File separa	ate supplemental retu on-Participating Man	urns for each month you ar ufacturers.	e correcting. Complete Schedule	K (form 3669) for cigarettes	and Roll-Your-Own	
	a. Invoice Date	b. Invoice Number		c. hipped, Sold or Transferred To	d. Number of Cigarettes (Not packs, cartons or cases)	e. Wholesale Price of OTP Purchases	
	Date	Number	i dichased i form, or	ipped, cold of Transierred To	(Not public, cultons of custor)	1 dronases	
	TOTAL					\$	
1a.		Fax at 37.5 mills per cigarette sold Fotal of Column d x \$.0375 ▶ \$					
1b.	Tax at 16%	Fax at 16% of wholesale price on OTP sold Fotal of Column e x .16				▶ \$	
2.	2. Compute 1.25% (.0125) of line 1a and enter here						
3.	3. Compute 1% (.01) of line 1b and enter here					\$	
4. Subtract line 2 from line 1a \$							
5. Subtract line 3 from line 1b						\$	
6. NET TAX DUE. Add lines 4 and 5. Enter here						▶ \$	
7. LATE PENALTY (Penalty is the greater of \$5.00 or 5% of tax due per						\$	
month or portion of month late. Maximum 50%.)						\$	
is adjusted on January 1 and July 1.)							
9. TOTAL TAX, PENALTY and INTEREST DUE (Add lines 6, 7 and 8) PAY \$ Do not discuss with my preparer.							
I certify, under penalty of perjury, that this return and attachments are true and complete to the best of my knowledge. Signature of Taxpayer Date							
						Date	
Pho	one Number		FAX Number	Phone Number	FAX Number		

Make checks payable to "State of Michigan." Print "Tobacco Products Tax" on the front of your check and mail to:

Michigan Department of Treasury P.O. Box 77628 Detroit, MI 48277-0628 If you have questions, please call the Motor Fuel, Cigarette and Miscellaneous Taxes Section at (517) 636-4630. Deaf, hearing or speech impaired persons call (517) 636-4999 (TTY).